

L12000009365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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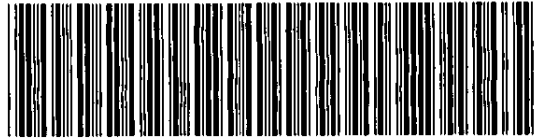
(Business Entity Name)

(Document Number)

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2016 APR 14 PM 2:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

K. SALLY
EXAMINER
APR 15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INNOVATIVE MARKETING FOUNDATION, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person
INNOVATIVE MARKETING FOUNDATION, LLC
Firm/Company
8600 COMMODITY CIRCLE, SUITE 119
Address
ORLANDO, FL 32819
City/State and Zip Code
info@imarketingfoundation.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kami Arceneaux 855 644-8727
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INNOVATIVE MARKETING FOUNDATION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/20/2012 and assigned
Florida document number L12000009365.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TRAVEL RESEARCH PARTNERS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Kami Arceneaux

New Registered Office Address:

8600 COMMODITY CIRCLE, SUITE 119

Enter Florida street address

ORLANDO

, Florida 32819

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kami Arceneaux	8600 COMMODITY CIRCLE	<input checked="" type="checkbox"/> Add
		SUITE 119	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	<input type="checkbox"/> Change
MGR	WREI Management, LLC	2441 West State Road 426	<input type="checkbox"/> Add
		Suite 1011	<input checked="" type="checkbox"/> Remove
		OVIDO, FL 32765	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

2016 APR 14 PM 2:22
DEPT. OF STATE
TELETYPE UNIT

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CLERK OF DISTRICT COURT
TULSA, OKLAHOMA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 13th, 2016.

Kam. Lachur

Signature of a member or authorized representative of a member

Kami Arceneaux

Typed or printed name of signee